

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) <div style="font-size: 1.2em;">Caldwell, Kirk William</div>	STATE POSITION HELD: (Dept/Div or Board/Commission) TERM OF OFFICE (Begin/End): <div style="font-size: 1.2em;">01/15/05 / 01/15/07</div>
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Kirk W. Caldwell, ALC P.O. Box 131, Hon., HI 96810	D	Legal services
F	Kirk W. Caldwell State House of Representatives 415 South Beretania Street Hawaii State Capitol Hon., Hawaii 96813	D	State Representative
SP	Bank of Hawaii 130 Merchant Street, Hon., HI 96813	H	Vice Chairman, Chief Administrative Officer, Director and President of Bank of Hawaii Charitable Foundation
SP	Longs Drug Stores Corporation 141 N. Civic Drive, Walnut Creek, CA 94596	E	Director, Board of Directors

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Kirk W. Caldwell, AAL P.O. Box 131, Hon., HI 96810	A law corporation	Stock	1,000 shares
F	The Estate of Paul J. Caldwell 225 Kaiulani Street, Hilo, HI	Family home held in trust	Beneficial interest	1/5 beneficial interest = H
SP	Bank of Hawaii 130 Merchance St., Hon., HI	Financial services	Stock	K
DC	Hawaiian Electric Industries 900 Richards Street Honolulu, Hawaii 96813	Holding Company Power Generation	Stock	B
SP	Longs Drug Stores Corporation 141 N. Civic Drive Walnut Creek, CA 94596	Drug Company	Stock	H
SP	Park Center Bldg Partnership 3538 Waialae Ave., Hon. HI 96816	Owens a commercial office building	Partnership interest	8% partnership interest = E

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Territorial Savings 1132 Bishop Street Honolulu, Hawaii 96813	K	K

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Kirk W. Caldwell P.O. Box 131, Hon., HI 96810	President	No end date	None
F	The Estate of Paul J. Caldwell 225 Kaiulani St., Hilo, HI 9672	Trustee	No end date	None
F	The International Dyslexia Assn HI Branch 1802-A Keeaumoku St., #2, Hon, HI 96822	Director	3 years	None
F	VLSH, 545 Queen St., Ste. 100, Hon., HI 96813	Director	2005-2008	None
F	Friends of John A. Burns School of Medicine	Director	2006-2008	None
SP	Bank of Hawaii, 130 Merchant St., Hon, HI	Vice Chair	No end date	H
SP	Bank of Hawaii, 130 Merchant St., Hon., HI	Director	No end date	None
SP	Longs Drug Stores Corp., 141 N. Civic Dr. Walnut Creek, CA	Director	03/01/05-03/01/07	E
SP	Kaneohe Ranch Co.,Ltd., 1199 Auloe Rd., Kailua	Director	07/15/02 - present	None
SP	The Queen's Health Systems, 1099 Alakea St.	Trustee	01/01/05-01/01/08	None
SP	Contemporary Museum, 2411 Makiki Height Dr.	Trustee	10/18/04-10/18/05	None
SP	Hi. Prep Academy, 65-1692 Kohala Mtn Rd, Kamuela	Governor	06/03/05-06/03/08	None
SP	Bishop Museum, 1525 Bernice St., Hon., 96817	Director	05/26/05-09/08	None

☐ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	225 Kaiulani Street Hilo, HI 96720 (held in trust/filer has a 1/5 beneficial intrest)	(3) 2-3-15-10	1/5 beneficial interest = H
SP	3538 Waialae Ave., Hon, HI 96816	(1) 3-3-5-8-4	8% partnership interest = E
SP	Kuakini Medical Plaza 347 N. Kuakini St., Apt. 701 Honolulu, HI 96817	(1) 1-7-17-28 HPR39	8.8% interest = D

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	'06 MAY 31 P 2:29

☒ Check here if entry is None
 ☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE